


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000051544 1. Entity Name EDRON, LLC	
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Principal Place of Business 10542 LA REINA RD., DELRAY BEACH, FL 33446	Mailing Address 10542 LA REINA RD., DELRAY BEACH, FL 33446
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DO NOT WRITE IN THIS SPACE



07032006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0468537	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**TRICK, WILLIAM W JR.
1216 EAST ATLANTIC BLVD.
SUITE 7
POMPANO BEACH, FL 33060**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EIDA, MAX 10542 LA REINA RD., DELRAY BEACH, FL 33446
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07/06/06-80010-001 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Edna Eida** **7306** **9542421920**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #